

EXHIBIT 7



Office of the Secretary of State
Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697
(Form 503)

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Secretary of State of Texas
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**ASSUMED NAME CERTIFICATE
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

Diligent Delivery Systems

2. The name of the entity as stated in its certificate of formation, application for registration, application for certificate of authority, or comparable document is:

Arizona Logistics, Inc.

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is TEXAS and the address of its registered or similar office in that jurisdiction is:
333 North Sam Houston Pkwy E, Ste 400, Houston, TX, USA 77060

4. The period, not to exceed 10 years, during which the assumed name will be used is (enter number of years or a date of expiration): 10 year(s)

5. The entity is a : Domestic For-Profit Corporation

6. If the entity is required to maintain a registered office in Texas, the address of the registered office is:

333 North Sam Houston Pkwy E, Ste 400, Houston, TX, USA 77060

and the name of its registered agent at such address is:

Larry N Browne

The address of the principal office (if not the same as the registered office) is:

7. If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is:

and if the entity is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is:

and the office address elsewhere is:

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

ALL COUNTIES

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Arizona Logistics, Inc.

Name of the entity

By: Stephen N. Gracey

Signature of officer, general partner, manager,
representative or attorney-in-fact of the entity

NOTE


This form is designed to meet statutory requirements for filing with the secretary of state and is not designed to meet filing requirements on the county level. Filing requirements for assumed name documents to be filed with the county clerk differ. Assumed name documents filed with the county clerk are to be executed and acknowledged by the filing party, which requires that the document be notarized.

FILING OFFICE COPY

05/27/2016 14:07 7139639169

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Form 503 (Revised 09/13) Return in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555 FAX: 512 463-5709 Filing Fee: \$25	<div style="text-align: center;">  Assumed Name Certificate </div> <div style="text-align: right;"> This space reserved for office use. FILED In the Office of the Secretary of State of Texas MAY 27 2016 Corporations Section </div>
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Assumed Name

1. The assumed name under which the business or professional service is, or is to be, conducted or rendered is: Diligent Delivery Systems

Entity Information

2. The legal name of the entity filing the assumed name is:

Arizona Logistics, Inc.

State the name of the entity as currently shown in the records of the secretary of state or on its organizational documents, if not filed with the secretary of state.

3. The entity filing the assumed name is a: (Select the appropriate entity type below.)

- | | |
|------------------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Cooperative Association |
| <input type="checkbox"/> Other _____ | |

Specify type of entity. For example, foreign real estate investment trust, state bank, insurance company, etc.

4. The file number, if any, issued to the entity by the secretary of state is: 800154866

5. The state, country, or other jurisdiction of formation of the entity is: Texas

6. The entity's principal office address is:

333 N. Sam Houston Pkwy E., Ste 1000

Street or Mailing Address

<u>Houston</u>	<u>TX</u>	<u>USA</u>	<u>77060</u>
<i>City</i>	<i>State</i>	<i>Country</i>	<i>Postal or Zip Code</i>

Period of Duration

- ☒ 7a. The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

OR

- ☐ 7b. The period during which the assumed name will be used is _____ years from the date of filing with the secretary of state (not to exceed 10 years).

OR

- ☐ 7c. The assumed name will be used until _____ (not to exceed 10 years).

mm/dd/yyyy

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County or Counties in which Assumed Name Used

8. The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:

☒ All counties

☐ All counties with the exception of the following counties: _____

☐ Only the following counties: _____

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the person is authorized to sign on behalf of the identified entity. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

Date: May 24, 2016

Maurice Brennan Jr.

Signature of a person authorized by law to sign on behalf of the identified entity (see instructions)

Maurice Brennan Jr., Attorney-in-fact
for Larry N. Browne, CEO